

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015416

STATE FILE NUMBER

2 3915

FILED MAY 14 1959

Registration District No. Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>4232a Gibson Avenue</b>	
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>CONRAD</b> Last <b>MERTZ</b>		4. DATE OF DEATH Month <b>April</b> Day <b>19</b> Year <b>1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 19, 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>janitor - retired</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis County, Mo.</b>	
13a. FATHER'S NAME <b>Henry Mertz</b>		14. NAME OF HUSBAND OR WIFE <b>Christina Klinger</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>497-09-2444</b>	
17. INFORMANT <b>Henry A. Mertz, 4232 Gibson (10)</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pericardial Anemia</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>290.0</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>1:00 A.</b> Month <b>Apr.</b> Day <b>22</b> Year <b>1959</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Des Peres, Missouri</b>		20g. COUNTY <b>Missouri</b>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>1:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Patrick J. Taylor, Coroner</b>	
22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>4-21-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>Apr. 22, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Cemetery</b>		23d. LOCATION (City, town, or country) (State) <b>Des Peres, Missouri</b>	
24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave</b>		25. DATE RECD. BY LOCAL REG. <b>APR 21 '59</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>		27. m. J. B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
 by me, or by ....., Student Embalmer No. ....  
 working under my personal supervision.

Student .....  
 Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3882

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.